

PRIVILEGED NON-RESIDENT - (ADULTPRIV OR YTHPRIV)

Madison County Library System - Library Card Application

- NON-RESIDENTS WHO ATTEND POST SECONDARY SCHOOL IN MADISON COUNTY
- NON-RESIDENTS WHO ARE EDUCATORS THAT TEACH IN MADISON COUNTY AT ALL GRADE LEVELS
- NON-RESIDENTS WHO WORK IN MADISON COUNTY
- RESIDENTS OF BORDER COUNTIES: ATTALA, HOLMES, HINDS, LEAKE, RANKIN, SCOTT, AND YAZOO

Applications must be completely filled out and presented to staff with acceptable proof of name and address in order to obtain a borrower's card. The library reserves the right to refuse to issue a card if insufficient information is given, or if money is owed on a previous card not cleared. All cards must be renewed every year. **Note: BORROWER CARDS ARE NOT TRANSFERABLE**

Privileged cards are eligible to check out all physical materials located in all five branches.
(Digital checkouts through Libby and Hoopla are NOT included with these cards.)

ADULT CARD - AGE 18 AND OVER:

Full Name (Please print) _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) _____

Telephone (____) _____ Email _____ Date of Birth _____

The pin assigned to your card will be your entire LAST NAME in all lower case.

I agree to obey the policies, rules, and regulations of the Madison County Library System and to notify the library when any information I have given is changed. I will be responsible for all charges incurred for any lost or damaged materials. In the event my card is lost or stolen, I understand that I am responsible for charges on it until the library is notified of its theft or loss.

Signature of Applicant

Date

Revised 6/2024

YOUTH CARD - AGE 17 AND UNDER: (PARENT OR LEGAL GUARDIAN MUST BE PRESENT TO SIGN)

Full Name (Please print) _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (Apt. No.) (City) (Zip) (County of Residence)

Permanent address (If different from above) _____

Telephone (____) _____ Email _____ Date of Birth _____

The pin assigned to your card will be your entire LAST NAME in all lower case.

Any applicant under 18 years of age, the parent or guardian must sign below. Parent/Guardian must sign form at library.

I am willing for my child to receive a library card from the Madison County Library System. I understand that as parent/guardian, I take full responsibility for any and all charges due to damaged or lost materials incurred through the use of this card. I also understand that my child will have open access to all online services and I take full parental responsibility for their use of all library materials and resources.

Signature of Parent or Guardian

Date

Revised 6/2024

LIBRARY STAFF: _____ADULTPRIV
_____YTHPRIV

STAFF INITIALS: _____
HEAD OF CIRC CHECK: _____